

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

APPROVED
AND
FILED

LL 25

95 MAY -1 PM 12:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800001476568
-05/04/95--01134--001
DO NOT WRITE IN THIS SPACE

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **766844** (5)
1. Corporation Name
MARTIN MEMORIAL FOUNDATION, INC.

Principal Place of Business Mailing Address
**501 E OSCEOLA
STUART FL 34994** **PO BOX 9010
STUART FL 34995-9010
US**

2. Principal Place of Business 2a. Mailing Address
21 **2135 SE OCEAN BLVD.** 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country
24 **USA** 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report
02/04/1983 **02/08/1994**
4. FEI Number Applied For
59-2343938 Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**HARMAN, RICHMOND M.
301 HOSPITAL AVE
STUART FL 34994**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORTON, MARY JO	1 2 NAME	
STREET ADDRESS	2826 SW EGRET POND CIRCLE	1 3 STREET ADDRESS	
CITY - ST - ZIP	PALM CITY FL	1 4 CITY - ST - ZIP	
TITLE	D	2 1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINE, HELEN	2 2 NAME	CUTTER, LINDY
STREET ADDRESS	2505 HOLLYBERRY LANE	2 3 STREET ADDRESS	5671 SE FOXCROSS PLACE
CITY - ST - ZIP	PALM CITY FL	2 4 CITY - ST - ZIP	STUART, FL 34997
TITLE	PD	3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARMAN, RICHMOND	3 2 NAME	
STREET ADDRESS	301 HOSPITAL AVENUE	3 3 STREET ADDRESS	
CITY - ST - ZIP	STUART FL	3 4 CITY - ST - ZIP	
TITLE	VCD	4 1 TITLE	VCD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAN TILBURG, WILLIAM	4 2 NAME	HODGE, LUTHER
STREET ADDRESS	6353 CANTERBURY LANE	4 3 STREET ADDRESS	819 S FEDERAL HWY, SUITE 100
CITY - ST - ZIP	STUART FL	4 4 CITY - ST - ZIP	STUART, FL 34994
TITLE	STD	5 1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWIFT, GEORGE	5 2 NAME	
STREET ADDRESS	2363 E. OCEAN BLVD.	5 3 STREET ADDRESS	
CITY - ST - ZIP	STUART FL	5 4 CITY - ST - ZIP	
TITLE	D	6 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, TOD	6 2 NAME	D ALLEN, KAREN
STREET ADDRESS	5271 BRANDYWINE WAY	6 3 STREET ADDRESS	2150 GOLFVIEW LANE
CITY - ST - ZIP	STUART FL	6 4 CITY - ST - ZIP	STUART, FL 34996

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(A), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or in an attachment with an address.

SIGNATURE: R.M. Harman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
R.M. Harman, President